

ologically, the secretion from the tonsils of forty persons of all ages, living under the most diverse conditions, and found pneumococci in every individual. They believe that imperfect methods of investigation must have been pursued in previous observations in which pneumococci were found in a much lower proportion of healthy throats.

Chronic Nasal Catarrh.—The Chicago Medical Society is to be congratulated at having had read before it (*Journal of the American Medical Association*, 1898, No. 21), by DR. H. GRADLE, an admirably sensible paper upon "Classification of the Lesions Constituting the so-called Chronic Nasal Catarrh," the details of which would make too great a demand on our own columns, and so we cordially recommend the original to our readers.

Anomaly of Tongue and Palate.—W. M. HELSHAM (*Australasian Medical Gazette*, April 20, 1898; *Philadelphia Medical Journal*, 1898, No. 26) reports a case of absence of the soft palate, with a cleft tongue, in a child otherwise normal. The tongue was completely divided from behind to the extreme tip, where the two parts were united.

Gunshot-wound of the Pharynx.—DR. EMIL ARONSON, of Dallas, Texas, reports (*Journal of the American Medical Association*, 1898, No. 21) a case of injury of the pharyngeal cavity from the explosion of a gun. The upper incisors were struck first and knocked out. The projectile then changed its direction and passed through the oral cavity to become embedded in the muscles of the pharynx, where it lodged on one of the vertebræ, but nevertheless the patient for twelve hours did not believe that there was a foreign body in his throat. The bolt was removed with the aid of forceps and retractor, and was four and one-half centimetres long and weighed nineteen grammes.

Fatal Secondary Hemorrhage after Removal of Adenoid Vegetations.—DR. WALLACE PREBLE reports (*Boston Medical and Surgical Journal*, May 19, 1898; *Philadelphia Medical Journal*, 1898, No. 22) a case of fatal secondary hemorrhage on the eighth day after operation.

Leptothrica Mycosis of the Pharynx.—DR. MAX TOEPLITZ reports (*New York Medical Journal*, 1898, No. 1021) three cases of the disease out of dozens which he has observed during the last twelve years, and presents a comprehensive summary of the subject, followed by a copious bibliographical record. His own cases were cured by the sharp spoon and the electric cautery.

Urticaria of the Pharynx and of the Larynx.—I. In the *Philadelphia Medical Journal*, 1898, vol. i. No. 14, DR. JOHN MADISON TAYLOR, of Philadelphia, reports a "Case of Urticaria of the Pharynx Producing Grave Edema of Glottis." A lady, on attempting to sing shortly after dining, found herself unable to do so, without any well-defined reason. A forcible attempt to sing produced a sense of discomfort confined chiefly to the throat, and this finally grew so great as to produce exhaustion, apparently due to impending suffocation. When seen by the doctor shortly afterward, the face was livid

and cyanotic, the head thrown back, with gasping respiration and fluttering pulse, but without any mental disturbance. In some ten minutes or so urticaria appeared upon the skin and spread rapidly over almost the entire body, continuing for several hours, slowly subsiding in the next few days, and then occasionally recurring. The distress in respiration gradually diminished with the subsidence of the urticaria, and in a few days the patient was fully restored. The patient had been subject to attacks of severe urticaria twice before, but without complication on the part of the larynx.

II. DR. FRANK WOODBURY recently read a paper (*Philadelphia Medical Journal*, 1898, vol. i. No. 20) on "Urticaria of the Larynx Causing Asphyxia in an Adult." A merchant, subject to transient tumefaction of the face, had an attack after a mid-day lunch of bread, cheese, mustard, and beer and whiskey. In a short time he gasped, turned black in the face, and fell on the floor, where he remained for a few minutes apparently dead. Respiration being restored artificially, it was found that urticarial lesions were present upon the thigh and back. The patient seemed perfectly well again after a couple of hours' rest in bed.

[It is quite probable that the dyspnoea in this case was due to oedema of the larynx, as was inferred by Dr. Taylor in his own case reported above.]

Changes in the Larynx and in the Trachea in Cases of Leucæmia.—The *Philadelphia Medical Journal*, 1898, No. 23, summarizes from the *Münchener medicinische Wochenschrift*, April 19th, a report by OTTO BARNICK, of a case of a boy, aged thirteen years, who was the subject of leucæmia. He had attacks of severe dyspnoea, with croupy cough. Laryngoscopic inspection revealed great thickening of the ventricular bands, and infiltration of the whole upper portion of the larynx. The child died with severe dyspnoea, aphonia, and bleeding from the mouth and nose. On post-mortem examination it was found that the infiltration of the larynx and bands was due to a dense collection of lymphocytes in the submucous tissue. The capillaries, also, were distended with lymphocytes, and these cells were especially abundant in the interglandular spaces. The submucous tissue in the trachea was affected in the same way.

DR. OTTO BARNICK, clinical assistant in Prof. Habermann's Clinic at Gratz, contributes an elaborate article to the *Munch. med. Woch.*, 1898, No. 19. He reports three new cases in the clinical services of Professors Escherich and Kraus, the pathologico-anatomical material being contributed by Professor Eppinger, the best authority upon this subject. The lesions, as pointed out by Virchow, are lymphoid nodules, assimilating tubercles in different portions of the respiratory mucous membrane, with infiltration, which is sometimes so great as to require tracheotomy, which, in its turn, often merely postpones the fatal termination.

[This condition is unknown to most practitioners, and this article is therefore highly commended to those engaged in the study and practice of laryngology.—ED.]